

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled:

MALATYL POLYSACCHARIDES, THEIR PRODUCTION AND THEIR USE

the specification of which

[] is attached hereto; or

[X] was filed on 1/7/2000 as
 US Application Ser. No. _____ or PCT Application No. PCT/DE 00/00065
 and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under Title 35 U.S.C. 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(b) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Ser. No.	Country	Foreign Filing Date (Month/Day/Year)	Priority Claimed	
			Yes	No
199 00 764.0	Germany	1/12/1999	X	

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (Month/Day/Year)

I hereby claim the benefit under Title 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent No.	Parent Filing Date (Month/Day/Year)	Parent Patent No.

As a named inventor, I hereby appoint the following registered practitioner to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

GUDRUN E. HUCKETT, REGISTRATION NO. 35,747

Direct all correspondence and communications to the correspondence address and telephone and fax numbers below:

GUDRUN E. HUCKETT, PATENT AGENT

P.O. BOX 3187

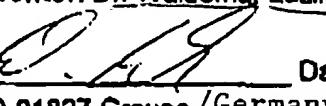
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I hereby declare that all statements made to the best of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

100 Full name of sole or first inventor: Dr. Waldemar Lazik

Inventor's signature 

Date: 03.07.2001

Residence: Ahornweg 6, D-01827 Graupa /Germany

DEX

Citizenship: Germany

Post Office Address: same as above

Full name of second inventor, if any:

Inventor's signature _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: same as above

Full name of third Inventor, if any:

Inventor's signature _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fourth inventor, if any:

Inventor's signature _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fifth inventor, if any:

Inventor's signature _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Additional Inventors are being named on the supplemental Additional Inventor(s) sheet(s)